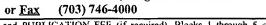


## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

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BIRCH STEWAR PO BOX 747 FALLS CHURCH,	T KOLASCH & BIR VA 22040-0747	CH, LLP	C	ertificate of Mailing or Trans this Fee(s) Transmittal is bein with sufficient postage for fir ail Stop ISSUE FEE address PTO (703) 746-4000, on the c	mission
1/2005 MBEYENE2 00000	1	8			(Depositor's name)
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C:1504 C:8001	3. 80, OP	₩			(Date)
APPLICATION NO.	FILING DATE	FIRST NA	MED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/002.171	12/05/2001		shi Yoshida	0171-0802P-SP	2257
TITLE OF INVENTION: PO	LYMER GEL BEBUTROLY	AND	"AND ELECTRICAL DOUBLE	PENTER CAPACITOR—	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/01/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
WEINER, I	AURA S	1745	429-303000		
"Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGNE	an assignce is identified belo 37 CFR 3.11. Completion of	on form registed 2 registed 2 registed.  PRINTED ON THE PAT row, no assignce data will this form is NOT a substitution (B) RESID	nts OR, alternatively.  In name of a single firm (having as a red attorney or agent) and the na stered patent attorneys or agents in no name will be printed.  ENT (print or type)  appear on the patent. If an assignment, the filing an assignment.  ENCE: (CITY and STATE OR COTOR ON TOKYO, Japa	sa member a 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SCH & BIRCH,
			he patent): Individual XX		oup entity Government
4a. The following fee(s) are e	nclosed:	4b. Paymen	**		
XX Issue Fee			eck in the amount of the fee(s) is o		
Advance Order - # of	nall entity discount permitted Copies1	Payn The Deposit	nent by credit card. Form PTO-20 Director is hereby authorized by Account Number 02-244	charge the required fee(s), or (enclose an extra c	eeded  credit any overpayment, to opp of this form).
* * *	IALL ENTITY status. See 37	•	oplicant is no longer claiming SM		
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